Image# 14960830060 PAGE 1 / 27

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or other man An Addit	onzed committe			Office Use Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typin over the lines.	ig, type	12FE4M5	
American Academy of F	amily Physicians Pol	litical Action Co	ommittee		
ADDRESS (number and street)	1133 Connecticut Avenue, NV	V			
Check if different	Suite 1100				
than previously reported. (ACC)	Washington			DC	20036
2. FEC IDENTIFICATION NUM	MBER ▼ CITY	_	S	TATE 🛦	ZIP CODE ▲
C C00411553	3. IS		IEW N) OR	AME (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	20 (M2)	May 20 (M5)	Aug 2	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 2	20 (M3)	lun 20 (M6)	Sep 2	Dec 20 (M12) (Non-Election Year Only)
April 15	X Apr 2	0 (M4)	lul 20 (M7)	Oct 2	0 (M10) Jan 31 (YE)
Quarterly Report (Q1 July 15	(c) 12-Day	Primary (12P)	General (1	2G) Runoff (12R)
Quarterly Report (Q2	PRE-Election Report for the:	Convention (12C)	Special (1	2S)
October 15 Quarterly Report (Q3)	M M /	D D /	Y . Y . Y . Y	in the
January 31 Year-End Report (YE) Election				in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (300	i)	Runoff (30	Special (30S)
Termination Report (TER)	Report for the:	M - M /	D D /	Y - Y - Y - Y	in the
	Election	on			State of
5. Covering Period 03	01 2014	through	M M 03	31	2014
I certify that I have examined this	Report and to the best of n	ny knowledge and b	pelief it is true	e, correct and	complete.
Type or Print Name of Treasurer	Hugh M Taylor MD				
Signature of Treasurer Hugh M	A Taylor MD	[Electronically	Filed] Da	ate 04	17 2014
NOTE: Submission of false, erroned	ous, or incomplete information	may subject the pers	son sianina thi	s Report to the	e penalties of 2 U.S.C. 8437a
Office		y saajoot iilo pole	0.9.11119 1111		FEC FORM 3X
Use Only					Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 03 01 2014 To: 03 31 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		409043.60
	(b) Cash on Hand at Beginning of Reporting Period	419933.47	
	(c) Total Receipts (from Line 19)	26263.52	141121.61
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	446196.99	550165.21
7.	Total Disbursements (from Line 31)	51481.77	155449.99
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	394715.22	394715.22
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

rt Covering the Period: From: 03	01 2014 To:	03 31 2014	
I. Receipts	COLUMN B Calendar Year-to-Date		
	17232 91	94836.23	
(i) Itemized (use Schedule A)			
(ii) Unitemized	8320.60	44313.43	
Lines 11(a)(i) and (ii)	25553.51	139149.66	
,	0.00	0.00	
(such as PACs)	0.00	0.00	
Totals to Line 33, page 5)▶	25553.51	139149.66	
	0.00	0.00	
Loans Received	0.00	0.00	
an Repayments Received	0.00	0.00	
		7	
efunds, Rebates, etc.)			
arry Totals to Line 37, page 5)	710.01	1971.95	
funds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	
	0.00	0.00	
· ·			
	0.00	0.00	
	0.00		
(from Schedule H3)	0.00	0.00	
Levin Funds (from Schedule H5)	0.00	0.00	
Total Transfers (add 18(a) and 18(b))	0.00	0.00	
	Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Intributions (other than loans) From: Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	II. Disbursements COLUMN A Total This Period			
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calendar Year-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating				
Expenditures	481.77	1949.99		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b)) ▶	481.77	1949.99		
Transfers to Affiliated/Other Party	0.00	0.00		
Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	51000.00	153500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use deficable 1)				
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
Than I ontical Committees	0.00			
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
_				
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	0.00	0.00		
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
2.1100 00(a)(i), 00(a)(ii) and 00(b))				
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	51481.77	155449.99		
Total Federal Disbursements				
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	51481.77	155449.99		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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1 LO TOTTI OX (NOV. OLI LOCO)	r ago 🐱		
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
3. Total Contributions (other than loans) (from Line 11(d), page 3)	25553.51	139149.66	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25553.51	139149.66	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	481.77	1949.99	
7. Offsets to Operating Expenditures (from Line 15, page 3)	710.01	1971.95	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	-228.24	-21.96	

Use separate schedule(s) for each category of the Detailed Summary Page

			PAGE		6	OF	27	
(chec	(check only one)							
X	11a	11b		11c		12		
	13	14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Levan Ashkin MD		Date of Receipt
Mailing Address 1528 Pinecrest Rd		03 31 2014
City Durham	State Zip Code NC 27705-5817	Transaction ID : C2671106 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Claire Lawton Birdsong MD Mailing Address 232 Newpark Pl		Date of Receipt 03 31 2014
City Columbia	State Zip Code SC 29212-8666	Transaction ID : C2671169 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	320.00
Name of Employer Harbisin Family Practiice	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Terence Patrick Cahill MD		Date of Receipt
Mailing Address 515 S Moore St Ste 1 United Clinics		03 31 2014
City Blue Earth	State Zip Code MN 56013-2158	Transaction ID : C2671096 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UHD Clinics	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	•	935.00
TOTAL This Period (last page this line numb	er only)	

FOR	FOR LINE NUMBER:			PAGE		7	OF	27	
(check only one)									
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NAME OF COMMITTEE (In Full)	y Physicians Political Action Commit	
Full Name (Last, First, Middle Initial) Jeffrey J Cain MD		Date of Receipt
Mailing Address 341 S High St		03 21 2014
City	State Zip Code	Transaction ID : C2669174
Denver	CO 80209-2629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	
University of Colorado	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) David Adam Carlyle MD	•	Date of Receipt
Mailing Address PO BOX 3014		M = M / D = D / Y = Y = Y
2309 Buchanan Dr	State Zip Code	03 31 2014
City Ames	IA 50010-3014	Transaction ID : C2671097
	000.000.	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer	Occupation	
Family Medicine East	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) Lee Marvin Carter MD	'	Date of Receipt
Mailing Address PO BOX 506		03 30 2014
City	State Zip Code	Transaction ID : C2670994
Huntingdon	TN 38344-0506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Self-Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.00	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional	al)	2350.00
FOTAL This David (last page this line and	abor only)	
OTAL This Period (last page this line nun	nher only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	: PAGE	8 OF	27				
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) A. Barbara Sue Coats MD		Date of Receipt
Mailing Address 2324 W 13th St N		03 31 2014
City Wichita	State Zip Code KS 67203-1927	Transaction ID : C2671163 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer Wichita Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Steven Michael Connolly MD Mailing Address 7410 Old Erie View Dr		Date of Receipt 03 23 2014
City Fayetteville	State Zip Code NY 13066-9679	Transaction ID : C2669854 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Family Care Medical Group	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Steven A Crawford MD		Date of Receipt
Mailing Address 900 NE 10th St		03 23 2014
City Oklahoma City	State Zip Code OK 73104-5420	Transaction ID : C2669824 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.66
Name of Employer University of Oklahoma	Occupation Physician Faculty	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	
SUBTOTAL of Receipts This Page (optional).		1316.66
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER:	PAGE	9 OF	27			
(check only one)							
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

	ast, First, Middle Initial) ismaru MD		Date of Receipt
	ess 1591 Dexter Lake Dr Apt 203	State Zip Code	03 28 2014
City Cordova		State Zip Code TN 38016-1305	Transaction ID : C2670808 Amount of Each Receipt this Period
FEC ID numb	per of contributing al committee.	C	91.25
Name of Emp	•	Occupation Physician	
Receipt For: Primary Other (s	General	Aggregate Year-to-Date ▼ 273.75	
3. Frank B D			Date of Receipt
	ess PO BOX 519	Chata Zin Coada	03 03 2014
City Rye Beach		State Zip Code NH 03871-0519	Transaction ID : C2670147 Amount of Each Receipt this Period
FEC ID numb	per of contributing al committee.	С	365.00
Name of Emp Veterans Adm	-	Occupation Physician	
Receipt For: Primary Other (s	General specify) ▼	Aggregate Year-to-Date ▼ 365.00	
	ast, First, Middle Initial) I Dimitri MD		Date of Receipt
	ess 295 Lincoln St Ste 204		03 21 2014
City Worcester		State Zip Code MA 01605-3639	Transaction ID : C2669182 Amount of Each Receipt this Period
	per of contributing al committee.	С	365.00
Name of Emp	oloyer	Occupation	
UMass Memo Receipt For:	orial Medical Group	Physician	
Primary	General specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of	Receipts This Page (optional)		821.25
TOTAL This Pe	eriod (last page this line number	only)	

FOR LINE NUMBER: PAGE 10 OF 27 Use separate sched for each category o Detailed Summary I

dule(s)	(check only		PAGE	10 01	
Page	X 11a	11b	11c	12	
	13	14	15	16	17

Full Name (Last, First, Middle Initial) Jocelyn Duffy MD Mailing Address 6 Trask Rd		Date of Receipt
0''		03 31 2014
City	State Zip Code	Transaction ID : C2671099
Boxford	MA 01921-2010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Andrew Jack Fercowicz MD	<u>'</u>	Date of Receipt
Mailing Address 202 S John Redditt Dr		M = M / D = D / Y = Y = Y
City	State Zip Code	03 19 2014 Transport IP 20000001
Lufkin	TX 75904-3112	Transaction ID : C2669881 Amount of Each Receipt this Period
FEC ID number of contributing	.000.01.2	Amount of Lach Necelpt this Fellou
federal political committee.	C	365.00
Name of Employer	Occupation	
Information Requested	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Wanda D Filer MD		Date of Receipt
Mailing Address 510 Aqua Ct		03 28 2014
City	State Zip Code	Transaction ID : C2670812
York	PA 17403-3623	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	+
Strategic Health Institute	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1050.00	
SUBTOTAL of Receipts This Page (optional)		1215.00

FOR LINE NUMBER:			PAGE	· '	11	OF		27		
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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
$\Big angle$ American Academy of Family P	hysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial) 1. Joseph W Gravel MD		Date of Receipt
Mailing Address 16 Patriot Way		03 24 2014
City	State Zip Code	Transaction ID : C2669962
North Reading	MA 01864-3225	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Greater Lawrence Family Health Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mary Nolan Hall MD		Date of Receipt
Mailing Address PO BOX 32861		03 22 2014
City	State Zip Code	Transaction ID : C2669811
Charlotte	NC 28232-2861	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Carolina Healthcare System	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Daniel J Heinemann MD		Date of Receipt
Mailing Address 1305 W 18th St		03 06 _2014 _
City	State Zip Code	Transaction ID : C2658533
Sioux Falls	SD 57105-0401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Sioux Valley Health Systems	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER:				PAGE	_ ′	12	OF	27	
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16	;	17

NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial) Thomas C Hines MD		Date of Receipt
Mailing Address 10 Whittemore St		03 31 2014
City	State Zip Code	Transaction ID : C2671272
Arlington	MA 02474-6602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Boston Medical Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Mark A Josefski MD		Date of Receipt
Mailing Address 396 Broadway		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	03 21 2014 Transaction ID : C3660160
Kingston	NY 12401-4626	Transaction ID : C2669160 Amount of Each Receipt this Period
FEC ID number of contributing	12101 1020	Amount of Lacif Neceipt this Fellou
federal political committee.	C	365.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Mary Johanna K Kauffman MD		Date of Receipt
Mailing Address 2009 12th Ave E		Date of Receipt
		03 19 2014
City	State Zip Code	Transaction ID : C2669878
Seattle	WA 98102-4113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
University of Washington	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	

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Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Famil	y Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Gregory King MD Mailing Address 1120 Vail Rd		Date of Receipt
		03 25 2014
City	State Zip Code	Transaction ID : C2669985
Bennington	VT 05201-9597	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer	Occupation	1
Self	Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	215.00	
Full Name (Last, First, Middle Initial) Harry Clifton Knight MD		Date of Receipt
Mailing Address 10310 Middlebrook Ct	7. 2.	03 31 2014
City Mc Cordsville	State Zip Code IN 46055-9616	Transaction ID : C2671168
	IN 46055-9616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Community Health Network	Chief Medical Officer	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Steven D Knight MD	'	Date of Receipt
Mailing Address 103 Williams Dr		03 21 2014
City	State Zip Code	Transaction ID : C2669173
Harrisburg	IL 62946-3778	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Primary Care Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional	al)	920.00
TOTAL This Period (last page this line nun	nber only)	

	I FOR LINE NO	IVIE
Use separate schedule(s)	(check only or	
for each category of the	I `	
Detailed Summary Page	X 11a	11

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(check only one)									
X 11	a	11b		11c		12			
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	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full)	U Dhunisiana Dalida I A.d. C	
/ American Academy of Famil	y Physicians Political Action Commi	TTEE
Full Name (Last, First, Middle Initial) Jason L Knudson MD		Date of Receipt
Mailing Address 1420 N 10Th St		03 27 2014
City	State Zip Code	Transaction ID : C2670212
Spearfish	SD 57783-1532	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Regional Health Physicians	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Mark H Krotowski MD		Date of Receipt
Mailing Address 8923 Avenue A		03 31 _2014 _
City	State Zip Code	Transaction ID : C2671188
Brooklyn	NY 11236-1206	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	365.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address PO Box 289		M = M / D = D / Y = Y = Y
100 Serendipity Dr		03 31 _ 2014 _
City	State Zip Code	Transaction ID : C2671093
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	-
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	225.00	
Other (specify) ▼	325.00	
SUBTOTAL of Receipts This Page (ontional	NI)	990.00
of the colors the tage (options		7 7 7
TOTAL This Period (last page this line num	nber only)	

FOF	LINE	NU	IMBER	:	PAGE	•	15	OF	27	
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee to	to solicit contributions from such committee.
/ American Academy of Famil Full Name (Last, First, Middle Initial)	y Physicians Political Action Commit	ttee
Anne M Montgomery MD		Date of Receipt
Mailing Address 44818 Oro Grande Cir		03 27 2014
City	State Zip Code	Transaction ID : C2670629
Indian Wells	CA 92210-7411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	+
Eisenhower Medical Associates	physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dale C Moquist MD	'	Date of Receipt
Mailing Address 4318 Lake Walk Ct		03 09 2014
City	State Zip Code	Transaction ID : C2659087
Missouri City	TX 77459-3268	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	91.66
Name of Employer	Occupation	-
Retired	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00.0	
Other (specify) ▼	274.98	
Full Name (Last, First, Middle Initial)		Data of Daggint
. Elisabeth L Righter MD Mailing Address 267 Park Dr		Date of Receipt
Walling Addiess 207 Park Dr		03 28 _ 2014 _
City	State Zip Code	Transaction ID : C2670811
Dayton	OH 45410-1315	Amount of Each Receipt this Period
FEC ID number of contributing		100.00
federal political committee.	C	100.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional	al)	441.66
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TOTAL This Period (last page this line nun	nber only)	

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(che	ck only	or	ne)						
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NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Commi Full Name (Last, First, Middle Initial) Maxwell Curtis Scarlett MD Mailing Address PO BOX 330729 City State Zip Code Fort Worth TX 76163-0729 FEC ID number of contributing federal political committee. Name of Employer Self Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Andrew Clifford Smith MD Mailing Address PO BOX 370 207 Lorenz Lane City State Zip Code Guttenberg IA 52052-0370 FEC ID number of contributing federal political committee. Name of Employer Family Medicine Associate Receipt For: Primary General Other (specify) ▼ Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Don A Solberg MD Mailing Address 106 W 9th Ave	Date of Receipt O3 10 2014 Transaction ID: C2669873 Amount of Each Receipt this Period 365.00 Date of Receipt O3 31 2014 Transaction ID: C2671177 Amount of Each Receipt this Period 500.00
Maxwell Curtis Scarlett MD Mailing Address PO BOX 330729 City State Zip Code TX 76163-0729 FEC ID number of contributing federal political committee. Name of Employer Occupation Physician Receipt For: Primary General Other (specify) ▼ 365.00 Full Name (Last, First, Middle Initial) Andrew Clifford Smith MD Mailing Address PO BOX 370 207 Lorenz Lane City State Zip Code Guttenberg IA 52052-0370 FEC ID number of contributing federal political committee. Name of Employer Family Medicine Associate Receipt For: Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ 500.00 Full Name (Last, First, Middle Initial) Primary General Other (specify) ▼ 500.00	Date of Receipt 03
City State Zip Code TX 76163-0729 FEC ID number of contributing federal political committee. Name of Employer Self Physician Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Andrew Clifford Smith MD Mailing Address PO BOX 370 207 Lorenz Lane City State Zip Code IA 52052-0370 FEC ID number of contributing federal political committee. Name of Employer Family Medicine Associate Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Cupation Physician Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. Name of Employer Family Medicine Associate Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Don A Solberg MD	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Fort Worth FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Andrew Clifford Smith MD Mailing Address PO BOX 370 207 Lorenz Lane City Guttenberg FEC ID number of contributing federal political committee. Name of Employer Family Medicine Associate Receipt For: Primary General Other (specify) ▼ Occupation Physician Aggregate Year-to-Date ▼ C C Aggregate Year-to-Date ▼ Fec ID number of contributing federal political committee. Name of Employer Family Medicine Associate Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Don A Solberg MD	Date of Receipt O3 31 Transaction ID: C2671177 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Receipt For:	Date of Receipt 03 31 2014 Transaction ID : C2671177 Amount of Each Receipt this Period
Receipt For: Primary General City State Zip Code Guttenberg General City Guttenberg IA Substitute State Zip Code Guttenberg IA Substitute State Zip Code Guttenberg IA Substitute State Zip Code IA Substitute Substitute Guttenberg IA Substitute Substitute Guttenberg IA Substitute Substitute Guttenberg IA Substitute Substitute Guttenberg Occupation Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Don A Solberg MD	Date of Receipt 03 31 2014 Transaction ID : C2671177 Amount of Each Receipt this Period
Self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Andrew Clifford Smith MD Mailing Address PO BOX 370 207 Lorenz Lane City State Zip Code Guttenberg IA 52052-0370 FEC ID number of contributing federal political committee. Name of Employer Family Medicine Associate Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Don A Solberg MD	03 31 2014 Transaction ID : C2671177 Amount of Each Receipt this Period
Receipt For: Primary	03 31 2014 Transaction ID : C2671177 Amount of Each Receipt this Period
Primary Other (specify) ▼ 365.00 Full Name (Last, First, Middle Initial) Andrew Clifford Smith MD Mailing Address PO BOX 370 207 Lorenz Lane City State Zip Code Guttenberg IA 52052-0370 FEC ID number of contributing federal political committee. Name of Employer Family Medicine Associate Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Don A Solberg MD	03 31 2014 Transaction ID : C2671177 Amount of Each Receipt this Period
Primary Other (specify) ▼ 365.00 Full Name (Last, First, Middle Initial) Andrew Clifford Smith MD Mailing Address PO BOX 370 207 Lorenz Lane City State Zip Code Guttenberg IA 52052-0370 FEC ID number of contributing federal political committee. Name of Employer Family Medicine Associate Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Don A Solberg MD	03 31 2014 Transaction ID : C2671177 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Andrew Clifford Smith MD Mailing Address PO BOX 370 207 Lorenz Lane City Guttenberg FEC ID number of contributing federal political committee. Name of Employer Family Medicine Associate Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Don A Solberg MD	03 31 2014 Transaction ID : C2671177 Amount of Each Receipt this Period
Andrew Clifford Smith MD Mailing Address PO BOX 370 207 Lorenz Lane City Guttenberg FEC ID number of contributing federal political committee. Name of Employer Family Medicine Associate Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Don A Solberg MD	03 31 2014 Transaction ID : C2671177 Amount of Each Receipt this Period
City State Zip Code Guttenberg IA 52052-0370 FEC ID number of contributing federal political committee. Name of Employer Family Medicine Associate Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Don A Solberg MD	03 31 2014 Transaction ID : C2671177 Amount of Each Receipt this Period
City State Zip Code Guttenberg IA 52052-0370 FEC ID number of contributing federal political committee. Name of Employer Family Medicine Associate Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Don A Solberg MD	Transaction ID : C2671177 Amount of Each Receipt this Period
Guttenberg FEC ID number of contributing federal political committee. Name of Employer Family Medicine Associate Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Don A Solberg MD	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Family Medicine Associate Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Don A Solberg MD	T
Name of Employer Family Medicine Associate Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Don A Solberg MD	500.00
Family Medicine Associate Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 Full Name (Last, First, Middle Initial) Don A Solberg MD	1
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 Full Name (Last, First, Middle Initial) Don A Solberg MD	_
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Don A Solberg MD	
Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Don A Solberg MD	
Full Name (Last, First, Middle Initial) Don A Solberg MD	
Don A Solberg MD	
	Date of Receipt
	03 26 2014
City State Zip Code	Transaction ID : C2670206
Ellensburg WA 98926-2908	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	500.00
Name of Employer Occupation	-
KHV Healthcare Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	1205.00
	1365.00

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NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.
,	ly Physicians Political Action Commi	ittee
Full Name (Last, First, Middle Initial) Dana Dana Sprute Sprute		Date of Receipt
Mailing Address 5109 Turnabout Lane		03 23 2014
City	State Zip Code	Transaction ID : C2669850
Austin	TX 78701-1923	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Seton/Ascension Health	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Suellywn Stewart MD		Date of Receipt
Mailing Address 689 Cherrington Rd		03 24 2014
City	State Zip Code	Transaction ID : C2669901
Westerville	OH 43081-3038	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	500.00
Name of Employer	Occupation	7
Licking Memorial Health Partners	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 44818 Oro Grande Cir		03 30 2014
City	State Zip Code	Transaction ID : C2671046
Indian Wells	CA 92210-7411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Eisenhower Medical Center	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	al)	1750.00
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NAME OF COMMITTEE (In Full)	the name and address of any political committee Physicians Political Action Commit	
Full Name (Last, First, Middle Initial) Maureen P Strohm MD Mailing Address 3835 Fairmeade Rd City Pasadena FEC ID number of contributing federal political committee. Name of Employer Eisenhower Medical Center Receipt For: Primary General	State Zip Code CA 91107-2229 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 03 31 2014 Transaction ID : C2671175 Amount of Each Receipt this Period 500.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Brica Williams Swegler MD Mailing Address 300 N Rufe Snow Dr	500.00	Date of Receipt
City Keller FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code TX 76248-4235 C Occupation Physician Aggregate Year-to-Date ▼	03 20 2014 Transaction ID : C2716255 Amount of Each Receipt this Period 83.34
Tell Name (Last, First, Middle Initial) Mary Jo Jo Welker MD Mailing Address OSU-Rardin Family Practic 2231 N High St City Columbus FEC ID number of contributing federal political committee.		Date of Receipt 03 31 2014 Transaction ID : C2671100 Amount of Each Receipt this Period
Name of Employer Ohio State University Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional).		1583.34
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 19 OF Use separate sch for each category Detailed Summa

	FOR LINE	NUMBER.	PAGE	19 05	21
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	o solicit contributions from such committee.
` '	y Physicians Political Action Commit	Date of Receipt 03 31 2014 Transaction ID : C2671095 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Richard Andre Wherry MD Mailing Address 59 Tipton Dr		Date of Receipt
City Dahlonega FEC ID number of contributing federal political committee. Name of Employer Chestatee Regional Hospital	State Zip Code GA 30533-1603 C Occupation physician	03 05 2014 Transaction ID : C2657984 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Mailing Address	1	Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optiona	I)	1250.00
TOTAL This Period (last page this line num	· · · · · · · · · · · · · · · · · · ·	17232.91

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 OF 27 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
	ny information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Academy of Family Ph	nysicians	Political Action Comm	nittee
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physicia	ıns		Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pkwy			03 19 2014
	City Leawood	State KS	Zip Code 66211-2672	Transaction ID : C2665821 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		710.01
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1971.95	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		7 Thousand of Each records this Ferror
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt
٠.	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			710.01

TOTAL This Period (last page this line number only).....

710.01

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 21 OF 27			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
	Detailed Summary Page	X 21b	22 23 24	25 26		
		27	28a 28b 28c	29 30b		
Any information copied from such Reports and 3 or for commercial purposes, other than using the	Statements may not be sold or use e name and address of any politica	d by any perso	on for the purpose of soliciting cor solicit contributions from such cor	ntributions mmittee.		
NAME OF COMMITTEE (In Full)						
American Academy of Family F	Physicians Political Action	n Committ	ee			
Full Name (Last, First, Middle Initial)						
A. American Express			Date of Disbursement	YYY		
Mailing Address PO Box 53852			03 03 20	14		
City	State Zip Code		Transaction ID : D154258			
Phoenix Purpose of Disbursement	AZ 85072-3852					
Bank card processing fee			Amount of Each Disbursement	this Period		
Candidate Name		Category/ Type		9.75		
Office Sought: House Disk	oursement For: Primary General					
President State: District:	Other (specify)					
Full Name (Last, First, Middle Initial)						
B. American Express			Date of Disbursement			
Mailing Address PO Box 53852				14		
City Phoenix	State Zip Code AZ 85072-3852		Transaction ID : D154259			
Purpose of Disbursement Bank card processing fee			Amount of Each Disbursement	this Period		
Candidate Name	-	Category/ Type		7.95		
Office Sought: House Senate President State: District:	oursement For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial)			Date of Disbursement			
C. American Express				YY		
Mailing Address PO Box 53852			03 04 20			
City Phoenix	State Zip Code AZ 85072-3852		Transaction ID : D154260			
Purpose of Disbursement Bank card processing fee	712 03072 3032			u:		
Candidate Name		Category/ Type	Amount of Each Disbursement	11.38		
Office Sought: House Disk	oursement For:	- ,,				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (option TOTAL This Period (last page this line number		<u> </u>		29.08		

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 OF 27								
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the	(chec	k only	one)						
			Summary Page	<u> </u> ×	21b	22	23	24	25	26	
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	ny information copied from such Reports and Staten for commercial purposes, other than using the name										
	NAME OF COMMITTEE (In Full)										
	American Academy of Family Phys	icians P	Political Action	on Com	nmitte	ee					
_	Full Name (Last, First, Middle Initial)										
Α.	American Express					Date of	Disburse		YY	Y	
	Mailing Address PO Box 53852						03 13 2014				
		State	Zip Code			Trans	action ID	: D154261			
	Phoenix Purpose of Disbursement	AZ	85072-3852								
	Bank card processing fee					Amount of Each Disbursement this Period					
	Candidate Name			Categor Type				,		2.98	
	Office Sought: House Disbursen										
		Primary	General								
	State: District:	Other (spec	CITY) 🔻								
_	Full Name (Last, First, Middle Initial)										
В.	American Express					Date of	Disburse	ement			
	American Express					M = M	/ D		Y	V	
	Mailing Address PO Box 53852					03 18 2014					
	City S Phoenix	State AZ	Zip Code 85072-3852			Trans	action ID	: D157379			
	Purpose of Disbursement Bank card processing fee				\neg	Amount	of Each	Disburseme	ent this	Period	
Candidate Name		Category/			rv/						
				Type			-	7		3.25	
	Office Sought: House Disbursen	nent For:									
		Primary	General								
	President State: District:	Other (spec	cify) 🔻								
_	Full Name (Last, First, Middle Initial)										
C.	American Express					Date of	Disburse				
	Mailing Address DO Day 52052					M M M	/ D		2014	Υ	
	Mailing Address PO Box 53852					US	3		2014	_	
	City	State	Zip Code			T	notion In	. D457000			
	Phoenix	AZ	85072-3852			ırans	action ID	: D157380			
	Purpose of Disbursement Bank card processing fee				$\neg \urcorner$						
	Candidate Name			Categor		Amount	of Each	Disburseme		Period 7.95	
	Office Sought: House Disbursen	nent For:		Туре			7	7			
		Primary	General								
	President	Other (spec									
	State: District:		· · · ·								
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١	SUBTOTAL of Disbursements This Page (optional)				•				14	1.18	
Г											
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SCHEDULE B (FEC Form 3X)	11	OR LINE NUMBER: PAGE 23 OF 27							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(01100	k only	one)					
	Detailed Summary Page	<u> </u>	21b 27	22 28a	23 28b	\mathbb{H}	24 28c	25 29	26 30b
Any information copied from such Reports and Stater	nents may not be sold or u	sed by any				of so			
or for commercial purposes, other than using the nan									
NAME OF COMMITTEE (In Full)									
American Academy of Family Phys	sicians Political Acti	on Com	mitte	ee					
Full Name (Last, First, Middle Initial)									
A. American Express				Date of	f Disburs				
Mailing Address PO Box 53852				03		31	/ Y	2014	Y
City	State Zip Code			Trans	action II) · D1	57381		
Phoenix Purpose of Disbursement	AZ 85072-3852			Truits			07001		
Bank card processing fee				Amoun	t of Each	Dist	urseme	ent this	Period
Candidate Name		Category/							
		Туре	,		- 7	_	7).81
Office Sought: House Disburser Senate	nent For: Primary General								
President	Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial)									
B. Bank Of America Merchant Service	es			Date of	f Disburs	emen		YIY	Y
Mailing Address WA2-505-01-40 PO Box 2485				03 03 2014					
Spokane	State Zip Code WA 99210-2485			Trans	saction II	D : D1	54262		
Purpose of Disbursement Bank card processing fee				Amoun	t of Each	Dist	urseme	ent this	Period
Candidate Name		Categor	ory/			-	40	7 70	
		Туре			- 7	-	7	43	7.70
Office Sought: House Disburser Senate	nent For: Primary General								
President	Other (specify)								
State: District:	·								
Full Name (Last, First, Middle Initial)									
C.					f Disburs				
Mailing Address				M = M		D	/ 4	YIY	Y
City	State Zip Code								
Purpose of Disbursement									
Candidate Name		Categor Type	ry/	Amoun	t of Each	Disk	ourseme	ent this	Period
Office Sought: House Disburser	ment For:	1 - 7 - 7	-		7		,		
Senate	Primary General								
President	Other (specify) ▼								
State: District:									
SUBTOTAL of Disbursements This Page (optional)			•		-			438	3.51
TOTAL This Period (last page this line number only)			•		,		,	481	.77

SCHEDULE B (FEC Form 3X)	l	FOR LINE	NUMBER: PAGE 24 OF 27		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only			
Any information copied from such Reports and State or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full) American Academy of Family Physics American Physics A	sicians Political Actio	on Committ	ee		
Full Name (Last, First, Middle Initial) A. Healthcare Freedom Fund	Date of Disbursement				
Mailing Address PO Box 2485	03 13 / 2014				
City Springfield	Transaction ID : D154209				
Purpose of Disbursement Campaign contribution	VA 22152-0485		Amount of Each Disbursement this Period		
Candidate Name Phil Roe		Category/ Type	5000.00		
Office Sought: House Disburse	ment For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial) 3. National Republican Senatorial Co Mailing Address 425 2nd St NE	ommittee		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Washington	State Zip Code DC 20002-4914		Transaction ID : D154218		
Purpose of Disbursement Campaign contribution Candidate Name		Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	Туре	15000.00		
Full Name (Last, First, Middle Initial) BERA FOR CONGRESS	Date of Disbursement				
Mailing Address POST OFFICE BOX 582496		03 13 2014			
City	State Zip Code CA 95758		Transaction ID : D154206		
ELK GROVE	30700				
ELK GROVE Purpose of Disbursement Campaign contribution	33700		Amount of Each Disbursement this Period		
ELK GROVE Purpose of Disbursement Campaign contribution Candidate Name Rep. Ami Bera	ment For: 2014 Primary	Category/ Type	Amount of Each Disbursement this Period 5000.00		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 25 OF 27
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the Detailed Summary Page	(s) (check only	
	Detailed Summary Page	27	28a 28b 28c 29 30
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may not be sold or	used by any persolitical committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Academy of Family Phy	sicians Political Ac	tion Committ	tee
Full Name (Last, First, Middle Initial)			
CATHY MCMORRIS RODGERS	FOR CONGRESS		Date of Disbursement
Mailing Address Box 137			03 28 2014
City	State Zip Code		Transaction ID : D155736
Spokane Purpose of Disbursement	WA 99210		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Cathy McMorris Rodgers Office Sought: House Disburse	ement For: 2014	Туре	
Senate President	Primary General Other (specify)	ı	
State: WA District: 05			
Full Name (Last, First, Middle Initial)			
GHARLES BOUSTANY JR. MD F	INC.	Date of Disbursement	
Mailing Address PO Box 80126		03 13 2014	
City	State Zip Code		Transaction ID : D154204
Lafayette	LA 70598		
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Charles Boustany Jr.		Туре	2550.00
Senate President	ement For: 2014 Primary General Other (specify) ▼		
State: LA District: 07 Full Name (Last, First, Middle Initial)			
DAVE CAMP FOR CONGRESS	Date of Disbursement		
Mailing Address 20 F St NW Ste 500			03 13 2014
City	State Zip Code		Transaction ID : D154203
Washington	DC 20001-6703		11alisacuoli ID . D134203
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	0500.00
Rep. Dave Camp		Type	2500.00
Office Sought: House Senate President Disburse	ement For: 2014 Primary ☐ General Other (specify) ▼		
State: MI District: 04			
SUBTOTAL of Disbursements This Page (optional)			7500.00
TOTAL This Period (last page this line number only	y)	·····	

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 26 OF 27				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	. 🖂			
	Detailed Summary Page	21b	22 X 23 24				
Г		27		8c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full)							
American Academy of Family Phys	sicians Political Actio	on Committ	ee				
Full Name (Last, First, Middle Initial)			D . (D:)				
A. FRIENDS OF JOE HECK			Date of Disbursement				
Mailing Address PO Box 750114			03 13	2014			
City	State Zip Code		Towns the ID D454	1000			
Las Vegas	NV 89136		Transaction ID: D154	1208			
Purpose of Disbursement Campaign contribution			Amount of Each Disbur	sement this Period			
Candidate Name		Category/		2500.00			
Rep. Joe Heck		Type		2300.00			
Office Sought: House Disburse	ment For: 2014 Primary General						
President	Primary General Other (specify) ▼						
State: NV District: 03	(
Full Name (Last, First, Middle Initial)							
B. FRIENDS OF JOE PITTS			Date of Disbursement	Y			
Mailing Address PO BOX 775		03 28 2014					
Unionville	State Zip Code PA 19375		Transaction ID : D155	5737			
Purpose of Disbursement Campaign contribution			Amount of Each Disbur	sement this Period			
Candidate Name		Category/		2500.00			
Rep. Joe Pitts		Туре		2300.00			
	ment For: 2014 Primary General Other (specify)						
Full Name (Last, First, Middle Initial)							
c. VOLUNTEERS FOR SHIMKUS	Date of Disbursement						
Mailing Address P.O. BOX 661			03 13	2014			
City	State Zip Code		Transaction ID : D154	1264			
COLLINSVILLE	IL 62234		Transaction iD . D13-	1204			
Purpose of Disbursement Campaign contribution							
Candidate Name			Amount of Each Disbur	sement this Period			
Rep. John Shimkus		Category/ Type		2500.00			
•	ment For: 2014	1,450					
Senate	Primary General						
President	Other (specify) ▼						
State: IL District: 19							
SUBTOTAL of Disbursements This Page (optional)			7	7500.00			
TOTAL This Period (last page this line number only)	·····		,			

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 27 OF 27				
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only					
	for each category of the Detailed Summary Page	21b	22 🗶 23 🔲 24 🔲 25 🔲 26				
	, ,	27	28a 28b 28c 29 30b				
Any information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
American Academy of Family Phys	icians Political Actio	n Committe	ee				
Full Name (Last, First, Middle Initial)							
A. ROSKAM FOR CONGRESS COM	MITTEE		Date of Disbursement Mark				
Mailing Address P. O. BOX 713							
City	State Zip Code		Transaction ID - D4E420E				
WHEATON	IL 60187		Transaction ID: D154205				
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period				
Candidate Name		Category/	1000.00				
Rep. Peter Roskam		Туре	1000.00				
	nent For: 2014 Primary X General						
	Other (specify) ▼						
State: IL District: 06							
Full Name (Last, First, Middle Initial)			5				
B. DR. RAUL RUIZ FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 73373 COUNTRY CLUB DRIVE #							
,	State Zip Code CA 92260		Transaction ID : D154207				
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period				
Candidate Name		Category/					
Rep. Raul Ruiz		Type	5000.00				
Office Sought: House Disburser	nent For: 2014						
	Primary General						
	Other (specify) ▼						
Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN			Date of Disbursement				
- FRIEINDS OF SHERROD BROWN			M M / D D / Y Y Y Y				
Mailing Address PO BOX 76187	ailing Address PO BOX 76187						
City	State Zip Code		Transaction ID : D154201				
	DC 20013		Transaction ID: D154201				
Purpose of Disbursement Campaign contribution		Amount of Each Disbursement this Period					
Candidate Name	Category/						
Sen. Sherrod Brown		Type	5000.00				
	nent For: 2018						
	Primary General						
State: OH District: 00	Other (specify) ▼						
ciac. Off Biotifot. 00							
SUBTOTAL of Disbursements This Page (optional)			11000.00				
			54000 00				
TOTAL This Period (last page this line number only).			51000.00				